

RI Health Benefits Exchange Board
January 15, 2013 – 1:00pm
Department of Administration
Conference Room A
Meeting Minutes

Attendees: Geoff Grove, Vice-Chair; Linda Katz, Commissioner Koller; Marta Martinez; Margaret Holland McDuff; Mike Gerhardt; Amy Zimmerman; Secretary Costantino

Excused: Meg Curran; Tim Melia; Dwight McMillan; Director Licht

I. Call to Order:

Vice Chair Geoff Grove Called the meeting to order at 1:00pm.

II. Meeting Minutes:

The Vice-Chair invited any amendments or questions regarding the meeting minutes from the last Advisory Board meeting. As no amendments were offered, a motion was introduced to approve the minutes. The motion was adopted and the minutes approved.

III. Follow-Ups from Previous Meeting – Amy Black, the Exchange

Ms. Black advised that as mentioned at the last meeting, the team is using the “Drop Box” technology feature to provide documents to Advisory Board members, which has been successful thus far. She advised that one topical Board briefing has already been held, with another coming up in March. Ms. Black concluded by advising that Board Member Linda Katz has, per the last meeting, been made the consumer support liaison for the Board and is meeting regularly with the consumer support team to determine the future role for the Advisory Board in this particular area of Exchange development.

IV. Director’s Report – Director Christine Ferguson

Director Ferguson gave a presentation to the Advisory Board on Consumer Support, Marketing and Communications and Health Plan negotiations.

Consumer Support

The Contact Center executive summary is up for public comment until this Friday January 18, and the team has

received good feedback from the public thus far, which should help in crafting a strong RFP.

The Advisory Board raised some questions about the process of integrating existing Medicaid expertise with Exchange Expertise. A conversation followed in which the Director assured the Board that work is being done to properly integrate those two fields, but in the interest of continued information and feedback, the Exchange team may offer a briefing on this specific topic in the months to come.

The conversation turned to the topic of metrics, and questions were asked about the type of quality metrics to be used. It was determined that stakeholder, staff and eventual Advisory Board feedback sessions will be held at various stages to continue to develop agreement about the type of metrics to be used, and to ensure that the vision, mission, principles and goals of the Exchange are met through the utilization of the appropriate metrics to support those goals.

Health Plan Negotiations:

The Director gave an update on the very frequent and detailed meetings that are occurring between the Exchange office and the health plans. It was explained that in these meetings there are in depth discussions of what the plans will offer, what the products will be inside and outside the exchange, and also which plans will choose to offer Medicaid plans. A conversation was sparked about what Neighborhood Health Plan of RI will be doing going forward, and there were requests from Advisory Board members for updates on NHPRI, and indeed all Medicaid Managed Care Plans.

Update on Marketing and Communications:

The Director advised that the first round of focus groups were completed and elicited very interesting responses, which the team found quite helpful. A report detailing the feedback that was garnered in the first round of focus groups will be presented to the Advisory Board in the near future.

Small Business Strategy:

Director Ferguson gave a brief presentation on the development of the Exchange small business strategy thus far. The slides presented caused many Advisory Board members to inquire about the role of brokers in the exchange. There was

strong agreement that the role of brokers should be more transparent. Board members also discussed during the presentation that they would like more information on the ability for employees of small businesses who are enrolling in coverage through the Exchange to compare and choose plans in the SHOP as will be available for enrollees in the individual market.

V. Public Comment

In response to a hypothetical model of health plan costs in a compare and contrast slide that was part of the Director's presentation, Rich Glucksman with BCBSRI stated with some humor: "I did want to recognize that we are happy that BCBS is synonymous with high quality, but also that we are working on affordability as well. Happy to go back to our shop to answer any questions you may have about Rlthe Care or choices made during the negotiations in the past over Medicaid offerings. "

—Staff from the Department of Health inquired about how the Exchange will ensure that coverage is adequate and Director Ferguson replied both the essential health benefits requirement in the federal law and a network adequacy analysis will be required to ensure overall adequacy of the coverage offered through the Exchange.

VI. Pursuant to R.I.G.L. §42-46-5(7) the body adjourned into Executive Session.

VII. The Board reconvened in open session. There were no votes or motions to report from the Executive Session.

VIII. Adjourn